



U. S. Department of Justice

Office of Justice Programs

Office of State and Local Domestic Preparedness Support

Center for Domestic Preparedness

Post Office Box 5100
Anniston, AL 36205-5100
Tel: 256-847-2134 FAX: 256-847-2222

Medical Screening Form

Date Completed_____

Responders Name:_____ Signature:_____

Supervisors Name:_____ Signature:_____
(Verifying Official)

Course Requested:_____

1. Responders under consideration for attendance at the Center for Domestic Preparedness, COBRA, WMD Responder Training Course, COBRA, WMD Incident Command Course or the COBRA, WMD HAZMAT Technician Course, must complete this medical screening questionnaire.
2. Do you now or have you previously been treated for or experienced:(Please Circle)

a. Heart Disease or Condition	Yes	No
b. Chest Pain	Yes	No
c. Frequent Fainting	Yes	No
d. Asthma	Yes	No
e. Emphysema	Yes	No
f. Chronic Bronchitis	Yes	No
g. Other Lung or Chest Problems	Yes	No
h. Perforated Eardrum	Yes	No
i. Seizures or Epilepsy	Yes	No
j. Diabetes	Yes	No
k. Heat Injury (last 12 months)	Yes	No
l. Hyperventilated while in a PPE	Yes	No
m. Claustrophobia	Yes	No
n. Taking narcotic medication	Yes	No
o. Now have open wound or sutures	Yes	No
3. Any question with a **YES** answer requires the responder to have medical screening by a licensed physician certifying the responder is in appropriate health to perform tasks in personal protective clothing and respirator systems. Vision above 20/100 uncorrected (Contact Lenses Permitted) or high blood pressure (150 over 90) may preclude participation in Live Agent Training. **Pregnancy disqualifies responder candidates from attending this training.**
4. **Forward Medical Screening Form and Physician Certification (if required) with Training Course Application.**

Additional medical screening will be conducted prior to entering the Live Agent Training Facility.